Complete Summary

GUIDELINE TITLE

Specific management of IgA nephropathy: role of triple therapy and cytotoxic therapy.

BIBLIOGRAPHIC SOURCE(S)

Thomas M. Specific management of IgA nephropathy: role of triple therapy and cytotoxic therapy. Nephrology 2006 Apr;11(S1):S141-5.

Thomas M. Specific management of IgA nephropathy: role of triple therapy and cytotoxic therapy. Westmead NSW (Australia): CARI - Caring for Australasians with Renal Impairment; 2005 Sep. 11 p. [14 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Immunoglobulin A (IgA) nephropathy
- Renal impairment
- Chronic kidney disease
- End-stage kidney disease

GUIDELINE CATEGORY

Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Nephrology
Pediatrics

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To evaluate the available clinical evidence pertaining to the impact of triple therapy with cyclophosphamide, dipyridamole, and warfarin on renal functional decline in chronic IgA nephropathy

TARGET POPULATION

Adults and children with immunoglobulin A (IgA) nephropathy.

INTERVENTIONS AND PRACTICES CONSIDERED

1. Triple therapy: cyclophosphamide, dipyridamole, and warfarin
2. Cytotoxic therapy: cyclophosphamide and prednisolone

MAJOR OUTCOMES CONSIDERED

- Renal function decline
- Adverse effects of therapy

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Databases searched: MeSH terms and text words for immunoglobulin A (IgA) nephropathy were combined with MeSH terms and text words for triple therapy. This search was carried out in Medline (1966 to September Week 2, 2004). The Cochrane Renal Group Trials Register was also searched for trials of IgA nephropathy not indexed in Medline.

Date of searches: 17 September 2004.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Recommendations of Others. Recommendations regarding the role of triple therapy and cytotoxic therapy in the management of IgA nephropathy from the following groups were discussed: Kidney Disease Outcomes Quality Initiative, UK Renal Association, Canadian Society of Nephrology, European Best Practice Guidelines, and International Guidelines.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions for the levels of evidence (I–IV) can be found at the end of the "Major Recommendations" field.

Guidelines

a. Triple therapy with cyclophosphamide, dipyridamole, and warfarin has not been shown to be superior to conventional treatment as sole therapy in patients with immunoglobulin A (IgA) nephropathy. (Level II evidence)
b. Treatment with cyclophosphamide and prednisolone is superior to supportive treatment alone in patients with IgA nephropathy. (Level II evidence)

Suggestions for Clinical Care

(Suggestions are based on Level III and IV evidence)

- There is currently no evidence to demonstrate that the addition of azathioprine, cyclophosphamide, dipyridamole, or warfarin, alone or in combination, with corticosteroids has any additive benefit. At the same time, these therapies expose patients to significant toxicity. Gonadal toxicity makes this treatment a concern in young patients. (Level IV evidence)
- The specific utility of these agents in patients with steroid-resistant nephrotic syndrome due to IgA nephropathy remains to be tested in clinical studies. However, a number of case series have shown that remission can be induced by pulse cyclophosphamide in some steroid resistant patients. (Level IV evidence)

Definitions:

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate management of patients with immunoglobulin A (IgA) nephropathy

POTENTIAL HARMS

These therapies expose patients to significant toxicity. Gonadal toxicity makes this treatment a concern in young patients.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005 Sep

GUIDELINE DEVELOPER(S)

Caring for Australasians with Renal Impairment - Disease Specific Society

SOURCE(S) OF FUNDING

Industry-sponsored funding administered through Kidney Health Australia

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Author: Merlin Thomas

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All guideline writers are required to fill out a declaration of conflict of interest.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Caring for Australasians with Renal Impairment Web site.

Print copies: Available from Caring for Australasians with Renal Impairment, Locked Bag 4001, Centre for Kidney Research, Westmead NSW, Australia 2145

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- The CARI guidelines. A guide for writers. Caring for Australasians with Renal Impairment. 2006 May. 6 p.

Electronic copies: Available from the Caring for Australasians with Renal Impairment (CARI) Web site.

PATIENT RESOURCES

None available

NGC STATUS

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